

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
D. BOX 942732  
ACRAMENTO, CA 94234-7320  
(916) 322-1584



December 17, 1993  
CMSP Letter 93-15

TO: All CMSP County Welfare Directors

SUBJECT: VERIFICATION OF FISCAL YEAR (FY) 1992-93 COUNTY MEDICAL  
SERVICES PROGRAM ELIGIBILITY EXPENDITURES

Enclosed is a worksheet listing County Medical Services Program (CMSP) eligibility expenditures for FY 1992-93.

Since this data will be used to determine necessary recoupment and reallocations of these funds, it is necessary that you review the accuracy of the data for your County. If your County has submitted Supplemental (adjusted) Administrative Cost Claims which impact CMSP, it is likely that they are not reflected in this data. Such claims will be considered if you complete and return the enclosed "CMSP Amended Eligibility Expenditure Report" by January 31, 1994. Please note that supplemental claims filed after December 31, 1993, can not be considered since that date is the cut off for FY 1992-93. This form must also be used to provide "corrected" information from the original Administrative Cost Claims submitted for each quarter. Completed reports should be mailed to:

Office of County Health Services  
Attention: Mr. Al Cooper  
California Department of Health Services  
1800 Third Street, Room 100  
P.O. Box 942734  
Sacramento, CA 94234-7320

If you have any questions regarding the report or this letter, please contact Mr. Al Cooper, at (916) 322-1615.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief  
County Medical Services Program

Enclosure

cc: CMSP Contact Persons

All CMSP Welfare Directors  
Page 2

cc: Mr. Al Cooper  
Office of County Health Services  
California Department of Health Services  
1800 Third Street, Room 100  
P.O. Box 942734  
Sacramento, CA 94234-7320

CMSP ELIGIBILITY EXPENDITURES  
STATE FISCAL YEAR 1992-93

COUNTY	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL
ALPINE	\$1,690	\$687	\$1,070	\$547	\$3,994
AMADOR	\$9,875	\$13,181	\$14,081	\$14,819	\$51,956
BUTTE	\$140,274	\$146,120	\$158,110	\$171,483	\$615,987
CALAVERAS	\$16,036	\$19,046	\$25,186	\$6,122	\$66,390
COLUSA	\$18,804	\$18,906	\$14,277	\$10,387	\$62,374
DEL NORTE	\$21,800	\$18,413	\$19,602	\$22,866	\$82,681
EL DORADO	\$128,786	\$76,134	\$68,771	\$114,460	\$388,151
GLENN	\$17,214	\$10,857	\$12,447	\$13,348	\$53,866
HUMBOLDT	\$150,846	\$178,781	\$172,932	\$176,904	\$679,463
IMPERIAL	\$121,275	\$133,572	\$123,770	\$137,593	\$516,210
INYO	\$29,877	\$18,468	\$22,806	\$27,092	\$98,243
KINGS	\$75,240	\$62,796	\$76,244	\$74,795	\$289,075
LAKE	\$34,497	\$31,843	\$26,843	\$47,587	\$140,770
LASSEN	\$13,235	\$14,945	\$16,977	\$28,272	\$73,429
MADERA	\$115,318	\$103,801	\$125,450	\$130,025	\$474,594
MARIN	\$174,977	\$180,864	\$167,853	\$186,519	\$710,213
MARIPOSA	\$8,654	\$10,851	\$12,541	\$11,237	\$43,283
MENDOCINO	\$59,902	\$152,267	\$95,197	\$101,277	\$408,643
MODOC	\$2,926	\$4,827	\$3,297	\$3,737	\$14,787
MONO	\$15,053	\$9,377	\$7,394	\$12,902	\$44,726
NAPA	\$39,483	\$43,387	\$42,607	\$31,459	\$156,936
NEVADA	\$33,185	\$33,935	\$45,931	\$46,325	\$159,376
PLUMAS	\$8,487	\$4,500	\$17,224	\$22,991	\$53,202
SAN BENITO	\$23,747	\$23,074	\$25,904	\$14,101	\$86,826
SHASTA	\$139,201	\$160,217	\$178,603	\$49,621	\$527,642
SIERRA	\$1,772	\$2,078	\$3,342	\$3,414	\$10,606
SISKIYOU	\$35,911	\$49,633	\$35,721	\$50,713	\$171,978
SOLANO	\$168,521	\$258,790	\$175,586	\$253,326	\$856,223
SONOMA	\$231,909	\$260,167	\$281,736	\$289,255	\$1,063,067
SUTTER	\$31,130	\$32,834	\$30,935	\$32,467	\$127,366
TEHAMA	\$54,897	\$48,314	\$53,839	\$52,876	\$209,926
TRINITY	\$10,289	\$10,757	\$12,048	\$25,034	\$58,128
TUOLUMNE	\$41,451	\$35,268	\$30,459	\$28,624	\$135,802
YUBA	\$75,492	\$78,516	\$40,539	\$79,710	\$274,257
TOTAL	\$2,051,754	\$2,247,206	\$2,139,322	\$2,271,888	\$8,710,170

COUNTY MEDICAL SERVICES PROGRAM  
AMENDED ELIGIBILITY EXPENDITURE REPORT  
FOR THE STATE FISCAL YEAR 1992-93

Quarter:

Amount from DHS Worksheet	\$	_____
Correct Amount from Regular Cost Claim	\$	_____
Supplemental Claim Date: _____		
Supplemental Claim Amount	\$	_____
Supplemental Claim Date: _____		
Supplemental Claim Amount	\$	_____
Amended Net Total for Quarter	\$	_____

Quarter: \_\_\_\_\_

Amount from DHS Worksheet	\$	_____
Correct Amount from Regular Cost Claim	\$	_____
Supplemental Claim Date: _____		
Supplemental Claim Amount	\$	_____
Supplemental Claim Date: _____		
Supplemental Claim Amount	\$	_____
Amended Net Total for Quarter	\$	_____

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Service on regular and supplemental adjusted Administrative Cost Claims.

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COUNTY MEDICAL SERVICES PROGRAM  
AMENDED ELIGIBILITY EXPENDITURE REPORT  
FOR THE STATE FISCAL YEAR 1992-93

Quarter:

Amount from DHS Worksheet	\$ _____
Correct Amount from Regular Cost Claim	\$ _____
Supplemental Claim Date: _____	
Supplemental Claim Amount	\$ _____
Supplemental Claim Date: _____	
Supplemental Claim Amount	\$ _____
Amended Net Total for Quarter	\$ _____

Quarter:

Amount from DHS Worksheet	\$ _____
Correct Amount from Regular Cost Claim	\$ _____
Supplemental Claim Date: _____	
Supplemental Claim Amount	\$ _____
Supplemental Claim Date: _____	
Supplemental Claim Amount	\$ _____
Amended Net Total for Quarter	\$ _____

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Service on regular and supplemental adjusted Administrative Cost Claims.

_____ Printed Name/Title	_____ Signature	_____ Date
-----------------------------	--------------------	---------------